



EVALUATION FORM: Continuing Education Workshop
International Institute for Restorative Practices (IIRP)

Restorative Leadership Development: Authority with Grace
 March 19 - 20, 2020 CEs: 14
 Location: Bethlehem, PA
 Presenter(s): Koury Cook

Please fill out the following information if you would like a CE certificate. NASW-PA e-mails certificates (PDF format).
 NASW-PA has been designated as a pre-approved provider of professional continuing education for Social Workers (47.36), Marriage and Family
 Therapist (48.36) and Professional Counselors (49.36) in the state of PA. This signed form must be mailed (when paying by check or money order) to the
 office at the address below with payment to receive a certificate. \$15 NASW members, \$25 nonmembers
 Please submit this evaluation within 3 months of training date.

Please return this form & payment to NASW-PA, 1000 Bent Creek Blvd, Suite 40, Mechanicsburg, PA 17050

NAME: _____ PHONE #: _____ NASW member? Yes No
 ADDRESS: _____ CITY: _____ STATE: _____ ZIP CODE: _____
 EMAIL: _____ ALL Certificates will be Emailed

By signing below you attest that you signed in each day at the registration area and attended this workshop in its entirety.

	Signature _____				Date _____
	EXCELLENT	ABOVE AVERAGE	AVERAGE	BELOW AVERAGE	POOR
The course met my expectations:	_____	_____	_____	_____	_____
Instructor's presentation:	_____	_____	_____	_____	_____
Comprehensiveness of course presentation:	_____	_____	_____	_____	_____
Course materials:	_____	_____	_____	_____	_____

Two things I learned from attending the workshop _____

What part of the course did you find **most** helpful? _____

What part of the course did you find **least** helpful? _____

If paying by credit card, fax to 717-697-5686 or e-mail to anewkam.naswpa@socialworkers.org or asagen.naswpa@socialworkers.org

If you would like to pay by **VISA or MasterCard** fill the following information, if not please include check or money order

Name on Card: _____

CC # _____ - _____ - _____ Exp: _____ CCV (3 digit): _____

Signature of authorization: _____